

Immunization Assessment Of Children 0-5 Years of Age, Due November 15, 2008

Name Of Child Care \_\_\_\_\_ License # \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Mailing Address, City, Zip \_\_\_\_\_ Physical Address, City, Zip \_\_\_\_\_ Date of Report \_\_\_\_\_

➔ Please use a separate page for each age group. Check the age group listed on this page:

- ☐ Children with birth dates on or after April 1, 2007
- ☐ Children with birth dates from October 1, 2003 through March 31, 2007

**Note on exemptions:** Please mark a “P” for permanent or a “T” for temporary in the box indicating the exemption type.

Child’s Name	Date of Birth	DTaP/DTP/DT		Polio		MMR		Hib		PCV7		Hepatitis A		Hepatitis B		Varicella		Exempt		
		How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	Date of 1 <sup>st</sup> Dose	Date of 2 <sup>nd</sup> Dose	How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	Date of 1 <sup>st</sup> Dose	Date of 2 <sup>nd</sup> Dose	How many doses on record?	Date of Last Dose	Date of Last Dose	Has child had <u>chicken pox</u> ?	Religious	Medical	Laboratory
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2.																				
3.																				
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